

NEBRASKA APPEAL TRIBUNAL  
NEBRASKA DEPARTMENT OF LABOR  
<http://www.dol.nebraska.gov/appealtribunal.htm>

P.O. BOX 94600  
LINCOLN, NE 68509-4600

Telephone: 402.471.9886  
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TELEPHONE INFORMATION  
RETURN FORM

JANE DOE  
123 MAIN STREET  
ANYWHERE, NE 68999

DOCKET NO: 10-XXXX

SS# XXX-XX-9999

HEARING DATE/TIME: **Sunday, February 31, 2011, at 1:30 PM Central Time**  
ADMINISTRATIVE LAW JUDGE: **Bellavia**

**IMMEDIATELY** fill out the Telephone Information Return Form. You or your witnesses will not be contacted unless you provide all the required information on this form. When you have completed the form, you must return it to the Tribunal at the address or fax number listed at the top of the page.

**FAILURE TO COMPLETE AND RETURN THIS FORM MAY RESULT IN YOUR APPEAL BEING DISMISSED.**

Name(s)	(Please print)	(Area Code) Telephone #
1.	<u>Jane Doe</u>	(402) <u>555-1234</u>
2.	_____	( ) _____
3.	_____	( ) _____
4.	Name/Mailing Address of Attorney/Representative	(Area Code) Telephone#
	_____	( ) _____
	_____	
	_____	

Do you or any of your witnesses need an interpreter? ( ) Yes (X) No.

If yes, what language do you need translated into English? \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that I have served a copy of all documents I plan to offer as exhibits to the following:

\_\_\_\_ Claimant X Employer \_\_\_\_\_ Other (such as the Nebraska Department of Labor),

at their address of record as identified on the "Notice of Telephone Hearing" by (check one):

X U.S. Mail (Postage Prepaid), \_\_\_\_\_ Fax, \_\_\_\_\_ Hand Delivery, \_\_\_\_\_ Other (Federal Express, etc.) on this: 2-10-10

(Month / Day / Year)

Jane Doe  
(Signature)